PART B - FEE(S) TRANSMITTAL

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SCOTT C HARR P O BOX 927649 SAN DIEGO, CA 9	E ADDRESS (Note: Use Blooms) 90 11/17 IS	ock 1 for any change of address)		Note: A certificate of Fee(s) Transmittal. The papers. Each addition have its own certificate. Ce I hereby certify that the States Postal Service addressed to the Mai	mailing can only be used fair certificate cannot be used al paper, such as an assignme of mailing or transmission. rtificate of Mailing or Transmis Fee(s) Transmittal is bein with sufficient postage for final Stop ISSUE FEE address 210 (571) 273-2885, on the control of the c	or domestic mailings of the for any other accompanying ent or formal drawing, must smission g deposited with the United st class mail in an envelope above, or being facsimile	
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APPLICATION NO.	FILING DATE	T	FIRST NAMED INVEN	TOR.	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/800,472 03/15/2004 Scott C. Harris WIRELESS/SCH 3186 TITLE OF INVENTION: WIRELESS NETWORK HAVING MULTIPLE COMMUNICATION ALLOWANCES							
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE I	DUE PREV. PAID ISSU	TE FEE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$755	\$0	\$0	\$755	02/17/2009	
EXAMINER ART U		ART UNIT	CLASS-SUBCLAS	S	,		
COLIN, CARL G 2436			726-004000				
1. Change of correspondence CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 o Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in	ence address (or Cha. 22) attached. ion (or "Fee Address' or more recent) attach RESIDENCE DATA an assignee is identi	Indication form ed. Use of a Customer A TO BE PRINTED ON	(1) the names of or agents OR, alte (2) the name of a registered attorner 2 registered paten listed, no name with THE PATENT (print that a will appear on the case of the case	of a single firm (having as a member a rney or agent) and the names of up to stent attorneys or agents. If no name is e will be printed. 3 int or type) on the patent. If an assignee is identified below, the document has been filed for			
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Harris Technology, LLC Rancho Santa Fe, Ca							
Please check the appropriate assignee category or categories (will not be printed on the patent):							
4a. The following fee(s) are : ☐ Iss a Fee ☐ Prodication Fee (No st	permitted)	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1387 (enclose an extra copy of this form).					
5. Change in Entity Status							
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Authorized Signature	Scott C Harri	s	Date 1/2/2009				
Typed or printed name Scott C Harris				Registration No. 32030			
This coll tion of information an application. Confidentialisubmittion the completed apthis form and/or suggestions. Box 145 Alexandria, Virginia 22313-	in is required by 37 C ty is governed by 35 plication form to the for reducing this bur nia 22313-1450. DO 1450.	FR 1.311. The informati U.S.C. 122 and 37 CFR USPTO. Time will var- den, should be sent to the NOT SEND FEES OR	depending upon the chief Information COMPLETED FORM	n or retain a benefit by is estimated to take 12 individual case. Any colfficer, U.S. Patent and IS TO THES ADDRES	the public which is to file (an minutes to complete, includic comments on the amount of tight Trademark Office, U.S. Dep. S. SEND TO: Commissioner displays a valid OMB control.	ng gathering, preparing, and me you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450,	